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Advisory

TO: All MA Ambulance Services

FROM: Jon Burstein, MD, State EMS Medical Director
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DATE: May 27, 2003

RE: **POLICY REGARDING SUSPECT SARS PATIENTS**

The purpose of this Advisory is to facilitate containment of coronavirus infection, minimize the infection risk to EMS personnel, and provide timely information to receiving health care institutions to ensure their readiness to receive such a patient.

This policy will include specific treatment information and supersedes current Statewide Treatment Protocols. Due to the seriousness of this disease and the manner in which it may be spread, all EMS personnel are required to implement necessary precautions. This policy will become effective immediately. Any questions or concerns should be directed to your regional medical director or the Office of EMS (OEMS). Thank you.

Jon Burstein MD
Interim Medical Director

POLICY REGARDING SUSPECT SARS PATIENTS

Purpose: To facilitate containment of coronavirus infection, minimize the infection risk to EMS personnel, and provide timely information to receiving health care institutions to ensure their readiness to receive such a patient.

Procedure:

Dispatch/Triage:

1. Attempt to ascertain SARS-risk of EMS patient.
   a. Are there respiratory symptoms (cough, shortness of breath, difficulty breathing with onset since February 1, 2003?
   b.Has there been a fever?
   c.Has the patient traveled, within 10 days of symptom onset, to a named SARS epicenter (Hong Kong, China southeast Asia or Toronto) or have they had close contact with a person with respiratory illness who has traveled to a SARS epicenter or a person with known SARS?

If answers to the above questions are yes, the field crew must be immediately alerted to take appropriate precautions.

Field Treatment and Transport:

1. Responding crew should apply personal protective equipment (PPE) appropriate for standard, contact and airborne precautions. This includes a pre-fitted N-95 respirator (which has the moldable nasal piece) or PAPR, non-sterile gloves, eye protection (goggles, not just face shield or glasses) and a fluid resistant gown (preferably disposable). Hand hygiene, such as frequent hand washing, is of primary importance in this setting. Hands should be disinfected with a waterless hand sanitizer immediately after removal of gloves.
2. Place a rectangular-shaped surgical mask (NOT the more restrictive N-95 respirator) or an oxygen mask on the patient to reduce droplet spread at the source. If this cannot be tolerated, the patient should be provided facial tissues to use when coughing or sneezing.
3. Keep only essential personnel in the potential exposure area.
4. In suspected cases, avoid the use of nebulizers and MDI, as they may induce coughing and increase risk of spread. (In concert with appropriate on-line medical direction, preferential use of parenteral therapies, e.g., subcutaneous epinephrine for patients with evidence of moderate to severe obstructive airway disease. **It should be recognized that there is some evidence that use of parenteral epinephrine may be associated with dysrhythmia. It is felt, however, that this risk is not as serious as potential spread of SARS and exposure of health care workers.** For lesser disease, it is reasonable to consider withholding definitive treatment until arrival in ED.)
5. Passenger compartment should be closed off from remainder of ambulance using door and/or window separators.
6. Driver compartment outside air-vents should remain open.
7. No additional passengers are permitted to travel in the ambulance with the suspect SARS patient.
8. No food or drink is permitted in the ambulance while transporting a suspect SARS patient.

9. As soon as clinically appropriate an entry notification to the receiving facility must be made to ensure their readiness to receive the patient (receiving personnel in PPE and availability of isolation room.)

Post-Transport:

1. Waste, such as facial tissues or surgical masks, sheets and gowns soiled with body fluids should be discarded in biohazard bags. Reusable devices should be placed in a sealed biohazard bag and disinfected as per manufacturer's specifications.
2. Wash hands with waterless hand sanitizer, as indicated above.
3. Use of EPA-registered hospital disinfectant for the following: (disinfecting personnel must be in PPE)
    a. Stretcher
    b. Rails
    c. Used medical equipment
    d. Control panels
    e. Flooring
    f. Walls
    g. Any other surfaces likely to have been contaminated (coronavirus has been shown to live on surfaces for up to 24 hours)
4. All providers will monitor themselves for the development of fever or respiratory symptoms for 10 days post exposure. Immediate health care evaluation must be sought if symptoms develop. Be sure to notify your health care provider, in advance of the evaluation, that you were in close contact with a suspect SARS patient.
    a. This will mandate that the individual be out of service for the duration of illness plus10 days AFTER symptom resolution.
5. The Designated Infection Control Officer (DICO) of each service shall be notified.
6. The Service Medical Director must be notified.
7. In the absence of fever or respiratory symptoms, the CDC recommends that healthcare providers of a suspect SARS patient need NOT limit their activities at work or home.